



REGIONAL PARTNERSHIP GRANTS

GRANT PERIOD: 2017–2022

SEASONS REGIONAL PARTNERSHIP FOR TRAUMA INFORMED CARE (TIC)

LEAD AGENCY: Northwest Iowa Mental Health Center dba Seasons Center

LOCATION: Spencer, Iowa

TARGET SERVICE AREA: Calhoun, Carroll, Cherokee, Crawford, Ida, Monona, Plymouth, Pocahontas, Sac, and Woodbury counties

ADMINISTRATION FOR CHILDREN AND FAMILIES REGION: 7

CONGRESSIONAL DISTRICT SERVED: IA-005

BRIEF PROGRAM DESCRIPTION

PROGRAM DESCRIPTION: The overarching purpose of Seasons' Regional Partnership Grant is to replicate a trauma-informed and evidence-based system of treatment, support, and recovery in 10 counties in northwest Iowa; and to meet the needs of abused children, as well as youth likely exposed to trauma and their families. The project is designed to increase well-being, improve permanency, and enhance the safety of children who are in or at risk of out-of-home placements as a result of parent or caretaker substance use or mental health concerns.

TARGET POPULATION: The target population group is children, pre-natal through age 17, who are in or at-risk of being placed in an out-of-home placement as a result of a parent's or caregiver's substance use.

PROJECTED NUMBERS SERVED: The project targets serving a minimum of 450 children with an evidence-based program over the five-year project period and enrolling 180 focal children in treatment services for the national evaluation.

MAJOR PROGRAM GOALS

- GOAL 1:** Demonstrate the organizational capacity to lead and champion a high-quality regional partnership to effectively deliver and sustain trauma-informed, evidence-based practices between child welfare, mental health, juvenile court, and other child/family serving systems during and beyond the grant-funding period.
- GOAL 2:** Increase the number of children and families served through the use of developmentally and culturally appropriate, setting sensitive, trauma-informed, and evidence-based programs and services.
- GOAL 3:** Establish purposeful partnerships within local communities to increase the awareness and understanding of the significance for trauma-informed care and to mobilize local services to support families in their personal recovery and create practice change in service delivery.

KEY PROGRAM SERVICES

- Dialectical Behavioral Therapy
- Eye Movement Desensitization and Reprocessing
- Outpatient Behavioral Health Therapy
- Parent-Child Interaction Therapy
- Parent and Children Together
- Trauma-Informed Care Coordination
- Trauma-Focused Cognitive Behavioral Therapy
- Therapeutic Respite Care Services
- Theraplay

EXISTING OR PROPOSED PARTNERS

- Iowa Department of Human Services—Western Service Area
- Iowa Juvenile Court Services—Third Judicial District
- Independent Technical Consultant: Dr. Michele Devlin—University of Northern Iowa

EVALUATION DESIGN

The local evaluation of Seasons Regional Trauma Informed Care partnership (TIC) includes an impact study, a process study, and a partnership study. The grantee is also participating in the RPG cross-site evaluation studies of family and child outcomes, program implementation, and collaboration among RPG grantees and partners.

IMPACT STUDY DESIGN

The grantee is using a quasi-experimental design to examine the impact of its RPG services among families from 10 northwest Iowa counties with children who are in or at-risk for out-of-home placement because of parental and/or caregiver substance use. Members of the program group receive a referral to one or more of six planned available evidence-based programs (EBPs): Parent Child Interaction Therapy, Trauma-Focused Cognitive Behavioral Therapy, Eye Movement Desensitization and Reprocessing, Dialectical Behavioral Therapy, Parents and Children Together (PACT), or Theraplay. The evidence-based programs are designed to primarily focus on children in the families. Families are assigned a Trauma Informed Care (TIC) Coordinator who assists with scheduling appointments, conducting assessments, referring families to other services in the community, and helping families to stay enrolled and engaged in RPG4 program services. TIC Coordinators are supported by a clinical supervisor. Depending on their specific needs, members of the program groups may receive respite care services and additional screenings and assessments. Families' participation in RPG services is expected to last about six to nine months. The impact study will include 230 families, with 180 in the program group and 50 in the comparison group. The grantee will examine impacts in the following domains: permanency, safety, child well-being, family functioning, and recovery.

Members of the comparison group will be drawn from a pool of clients from designated counties in northwest Iowa who live outside of RPG service areas and meet the eligibility criteria for the evaluation. These families will receive behavioral health business-as-usual services. If comparison group participants are current clients of Seasons, they typically will not receive other services similar to the RPG4 core services: on-going clinical care team services, assignment of a TIC Coordinator, and access to specialized therapeutic respite care services.

The impact study will include several hundred families in the treatment and comparison groups. The grantee will examine impacts in the following domains: permanency, safety, child well-being, family functioning, and recovery. Data sources include administrative data and information collected by data collectors using standardized instruments. Data will be collected twice for each family: (1) when families begin services (baseline); and (2) about six to nine months following baseline (at the end of services). If a family in the program group enrolls in a second EBP after they complete the first EBP, they will complete an additional follow-up assessment when they complete the second EBP.

PROCESS STUDY DESIGN

In the process study, the grantee is examining the extent to which service delivery of the program models is effective and innovative. The grantee is also measuring the geographic extent of outreach, the number of individuals served (referral, screening, enrollment, and discharge), participant satisfaction, service dosage and duration, and referrals to other sources, and service costs. Data sources include program records and surveys.

PARTNERSHIP STUDY DESIGN

In the partnership study, the grantee is examining collaborative service delivery, purposeful community partnerships, practice change, and organizational capacity. The grantee is also measuring collaboration activities; partner attendance, satisfaction, perceptions, and recommendations; retention; community, engagement, and outreach activities; and costs. Data sources include program records and surveys.

SUSTAINABILITY STRATEGIES AND ACTIVITIES

The dissemination and sustainability plans incorporate the key elements of implementation science.

Key Dissemination Strategies:

- Hosting regional training events
- Hosting local community awareness, education, and training events
- Presenting at local, regional, and state meetings and conferences
- Having display tables/exhibits at community events
- Facilitating innovative marketing and outreach activities
- Posting information to Seasons and partner websites and Facebook pages
- Creating unique print materials (trauma-informed care cards, infographic documents, and at-a-glance documents) to present information in a user-friendly format
- Applying to present at local, state, and/or national conferences as appropriate to share key findings and results with other professionals on trauma-informed care

Key Sustainability Strategies:

- Engagement of key leaders from behavioral health, child welfare, juvenile court, and other community organizations.
- Involvement by Seasons' leadership team in grant planning and implementation with the inclusion of sustainability, dissemination, and replication strategies in project work plans.
- Ensure that key project staff have experience in grant management and sustainability.
- Use of evidence-based programs that are billable by third-party funders and are accessible to a broader population accessing behavioral health services by Seasons.

- Hiring of quality clinical staff with qualifications that meet third-party funding agreements.
- Seasons, partners, and project staff will pursue additional funding sources such as foundation grants, state and federal grants, fee-for-service reimbursement, and the leveraging and braiding of existing funding sources to enhance and sustain project activities.
- Contracting with an external evaluator with experience in data collection and sustainability.
- Allocation of grant funding as seed money with a focus on start-up expenses versus on-going operational expenses.

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